

Parents Are Hard To Raise® S03 Episode100 Transcript

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Announcer: [00:00:37] A geriatrician is much more than a physician who simply cares for old people. Geriatricians must, above all, have a genuine fondness for the elderly and a deep and widening knowledge of the problems they face. Diane's special guest this week, Dr. Laurie Jacobs, President of the American Geriatrics Society is here to discuss the critical role Geriatricians play in the care of our aging parents.

[00:01:04] Join 180 million monthly subscribers who can now listen to Parents Are Hard To Raise® on Spotify.

Diane Berardi: [00:01:22] Welcome to Parents Are Hard To Raise®. Helping families grow older together without losing their minds. I'm elder care expert, Diane Berardi.

[00:01:32] When your children were little, you probably took them to a pediatrician. That's because babies and children have specialized needs that differ from those of adults. But what about those on the other end of the spectrum? As we age into our 70s, 80s, 90s and beyond, will our medical needs be that much different than they were in our 30s and 40s? This week's guest medical expert is here to shed some light on that question.

[00:01:58] Lori Jacobs is the President of the American Geriatrics Society, Chair and professor of medicine at Seton Hall School of Medicine and Chair of the Department of Medicine of Hackensack University Medical Center. She earned her medical degree at the prestigious Columbia University College of Physicians and Surgeons and across her career, Dr. Jacobs has developed and expanded clinical programs for frail older adults as well as geriatrics education and training for physicians at all levels. Dr Laurie Jacobs, welcome to Parents Are Hard To Raise®.

Dr Laurie Jacobs: [00:02:33] I'm pleased to be here. Thank you Diane.

Diane Berardi: [00:02:35] Thank you so much. And I guess where we should start is, could you tell us what a geriatrician... What do they do and how is that different from our parents primary care physician?

Dr Laurie Jacobs: [00:02:49] So, geriatricians can function as both a primary care physician and also occasionally as a consultant when older people have a trusted primary care physician but need someone who can focus on specialized issues related to Aging. Geriatrics is a field that focuses on older adults and tries to be very person centered and focusing on how to improve an individual's health as oppositions do but also looking at their independence and their quality of life and trying to measure what treatments are best at this point in your life.

Diane Berardi: [00:03:27] I would imagine you take a more in-depth assessment and look at social as well as physical.

Dr Laurie Jacobs: [00:03:34] Geriatricians look at the whole person. So we do a complete medical assessment in the same way that a primary care physician might, a history in a physical. But we add to that, an examination of a person's ability to walk and move and function and their ability to think and remember and have other cognitive functions. We also look at their social inter connectedness, and how they're managing in their social and physical environment, and try to figure

out how to help them maintain their independence where they are.

Diane Berardi: [00:04:11] Right. Because there's so many elderly clients that I come in contact with and they do, they go to a physician but then they come home and the physician probably doesn't know anything about their life or their needs: are they eating? Can they take their medications, maybe why are they not taking them or can they get to the drug store? Different things like that.

Dr Laurie Jacobs: [00:04:35] Yeah... Geriatricians really focus on on the individual and where they're at and really focus on someone's goals of care. So if someone is not succeeding in their current environment, but it's really important for them to remain at home, we try to figure out how to bring the care to them. Others you know might be interested in making a change, in doing a health intervention, or moving in their environment. So we spend a lot of time talking to patients about their medical condition and what might be done but also about the larger issues and what they want for their health and what are their goals.

Diane Berardi: [00:05:15] Which is so important. You know somebody to talk to and to understand and where they want to be. That's what's so important. You know my mom just we found out is is very ill and my dad has macular degeneration and other issues. And so we're trying to get him to be a little bit more independent and you know my sister's like he has to go to an assisted living you know.

[00:05:41] And... No. He wants to stay home. So there's so many aspects he's now become the caregiver for my mom.

[00:05:49] So there's so many things that encompass a person's health and life. So this is really important. And I always, please if you can find a geriatrician for your parent I think that's the best route to take.

[00:06:04] Geriatricians try to organize and help families and patients find their way through the health care system.

[00:06:10] I find that as you get older and you have many other problems patients and individuals go up to see unfortunately lots of doctors and sometimes each one looks at each organ. So you hear about your eye, your tooth, your heart, your bones but nobody pulls you together as a person and you're a person.

Diane Berardi: [00:06:28] Right.

Dr Laurie Jacobs: [00:06:29] And it's really important to understand where that person is. We sometimes don't pay enough attention as people age they become invisible and they are as much an independent person as they were when they were 20 or 30. And it is important to get their ideas about it and then perhaps you know discuss with the whole family how are we going to get there.

Diane Berardi: [00:06:52] Right.

Dr Laurie Jacobs: [00:06:53] But they have strong opinions just like you and I about what we want for ourselves.

Diane Berardi: [00:06:58] No, absolutely. Now, why is it so hard to find a geriatrician?

Dr Laurie Jacobs: [00:07:06] Well, unfortunately we are a small but sturdy band of about 7000

physicians in the country. There are not only physicians that are in geriatrics but other providers, nurse practitioners, pharmacists that provide care specifically for the elderly et cetera. It's a specialty of either family medicine or internal medicine for physicians. And I think historically perhaps aging was not as exciting as the field. It's sort of low tech and high touch but those in the field actually have been found to be amongst the most happy and satisfied physicians because I think we truly enjoy people and talking and working with patients and families. In addition actually, the medicine is really complex. People come with a variety of medications and problems and you have to figure it all out. It's not a single you know disease with a single organ system that many physicians deal with and sort of move through the day seeing a lot of the same. We have all different families but there are not a lot of us but all of us are engaged in trying to expand our field.

[00:08:18] At Hackensack, we have Geriatric fellowships to train future physicians in geriatrics but we're also reaching out to try to train physicians in all different fields so that if you can't find a Geriatrician hopefully you'll find a physician that was touched by one of us and had some education and training in geriatric medicine.

[00:08:40] There's a lot of information about prescribing for the elderly. Many medicines should be dosed differently or used differently or not used together that other physicians are unaware of. So I always recommend that patients try to find a Geriatrician if possible. Otherwise try to work with a primary care physician who has some background in geriatrics.

Diane Berardi: [00:09:04] Yeah, I would imagine. Because the elderly with chronic conditions and geriatric syndromes, it is very complicated. Even a UTI for you or I, but then for our parent how they respond to a UTI is totally different.

Dr Laurie Jacobs: [00:09:21] That's true. And different people benefit from our expertise at different times in their lives. Some come with one specific problem and they're trying to decide should they do this intervention or not. Others come because they're becoming increasingly frail and not tolerating treatments that they're getting from other physicians. And others come just to have someone help them organize and work around the multiple conditions that they have, as you said.

[00:09:50] And then we focus beyond the general medical conditions like heart disease, hypertension and diabetes, which we manage on a daily basis. But we're also looking at conditions such as urinary incontinence or falls. Mobility problems. Memory problems. So we reach beyond just general medical problems to the issues that face older adults, many of which no one talks about. No one likes to say if they have memory problems. They're very afraid. And we try to make a sort of welcoming environment and screen everybody so that if the patients have a sense that this is routine and I'm not just picking at you to ask about your memory or bladder function etc.

Diane Berardi: [00:10:37] Right. We're going to continue talking with Dr. Laurie Jacobs. But first, I want to tell you something. If you're a woman or there's a woman in your life, there's something you absolutely need to know.

[00:10:50] I want to tell you about my friend Katie. Katie is a nurse and she was attacked on her way home from work. She was totally taken by surprise. And although Katie is only 5 feet tall and 106 pounds she was easily able to drop her 6 foot 4, 250-pound attacker to his knees and get away unharmed.

Katie wasn't just lucky that day. She was prepared.

In her pocketbook, a harmless looking lipstick, which really contained a powerful man stopping aerosol propellant.

It's not like it was in our grandmother's day. Today just going to and from work or to the mall can have tragic consequences. The FBI says a violent crime is committed every 15 seconds in the United States. And a forcible rape happens every five minutes. And chances are when something happens, no one will be around to help.

It looks just like a lipstick. So no one will suspect a thing. Which is important since experts say, getting the jump on your attacker is all about the element of surprise.

Inside this innocent looking lipstick is the same powerful stuff used by police and the military to disarm even the most powerful, armed aggressor. In fact, National Park rangers used the very same formula that's inside this little lipstick to stop two-thousand pound vicious grizzly bears dead in their tracks. It's like carrying a personal bodyguard with you in your purse or your pocket.

Darkness brings danger. Murderers and rapists use darkness to their advantage. We all know what it's like to be walking at night and hear footsteps coming at us from behind. Who's there? If it's somebody bad, will you be protected? Your life may depend on it.

My friend Katie's close call needs to be a wake up call for all of us. Myself included. Pick up a Lipstick Bodyguard and keep it with you always.

Announcer: [00:12:50] You're listening to Parents Are Hard To Raise® now, thanks to you... The number one eldercare talk show on planet Earth. Listen to this and other episodes, on demand, using the iHeart Radio app. iPhone users can listen on Apple podcasts and Android users on Google podcasts.

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Alexa: [00:13:19] Getting the latest episode of Parents Are Hard To Raise®. Here it is for my iHeart Radio.

Announcer: [00:13:25] It's as simple as that.

Diane Berardi: [00:13:26] You're right Dolly. There are so many really cool new ways to listen to our show. It's hard to keep track. You can join the 180 million listeners on Spotify. You can listen in your car, at the gym or pretty much anywhere on your smartphone with Apple podcasts and Google podcasts. You can get us on Apple TV. Direct TV Roku. And like Dolly said, you can even ask Alexa to play the show for you.

[00:13:51] It's great because you don't have to be tied to a radio anymore. You can listen when you want, where you want, for as long as you want. And if you're listening to the show on one of these new ways please do me a big favor. Share this new technology. Help someone else learn about the show and show them a new way to listen.

[00:14:11] Soon I'm going to put you on the spot, Dr. Jacobs. I'm going to ask you, why did you go into geriatrics?

Dr Laurie Jacobs: [00:14:20] Well, I trained in internal medicine during the 1980s during the AIDS epidemic which was a really difficult time with many young people at the hospital very very sick and dying. But in between all of those young people there were older adults and they were

almost invisible. No one paid attention to them.

[00:14:41] They were really crying out for someone to care about their health and their illnesses. And at the time, I had a wonderful mentor and he said to me, you're here now but move forward a couple of decades, they're going to be lots and lots of older adults and they need care and no one's doing it.

[00:15:01] So I heard you know the mission and I went into geriatrics and I've never looked back. It's wonderful.

Diane Berardi: [00:15:11] And your mentor was right about the numbers.

Dr Laurie Jacobs: [00:15:15] The numbers of older people are growing. Our attention to our own health and advances in healthcare, reductions in smoking have allowed people to live much much longer lives. So when I started in geriatrics up to the present day I've had some patients for 30 years and they thought they were old 30 years ago, they were not old. And honestly, I don't think they're old today. You're only as old as you think you are, really.

Diane Berardi: [00:15:43] Right.

Dr Laurie Jacobs: [00:15:44] Everyone inside still feels like a young vibrant person, in general.

Diane Berardi: [00:15:48] Yeah that's right. So, what is your role now?

Dr Laurie Jacobs: [00:15:55] So now I'm the chairman of the Department of Internal Medicine at both Hackensack University Medical Center in New Jersey and our new medical school, Hackensack Meridian School of Medicine at Seton Hall.

[00:16:07] So I run programs in the internal medicine specialties, general internal medicine and geriatrics. And like many parents where you love all your children... you love all your children but you may not love them in the same way and geriatrics has a very special place in my heart. And that's one of my divisions and I practice in their division seeing patients and teaching students and residents and medical fellows and so forth.

Diane Berardi: [00:16:37] And how would our listeners and the general public find information about geriatrics care?

Dr Laurie Jacobs: [00:16:44] So one of the great sources is actually the American Geriatrics Society.

[00:16:49] They have a website for professionals and then they have a Web site for the public that has all kinds of information on where to find providers on specific diseases. And it's actually a very useful site and it's been procured from health professionals, so you can feel that information is accurate.

[00:17:14] There is a lot of other information on the web, but I think that this this would be a very good site for individuals. The Web site for the public is called HealthInAging.org. And it has information as I said on where to find providers as well as on medical conditions, on medications. What to ask your doctor. All kinds of advice that I think are very useful.

Diane Berardi: [00:17:44] We have listeners from all over the world, is this worldwide on this site?

Dr Laurie Jacobs: [00:17:51] Yes it's on the web and actually the American Geriatrics Society has members from all over the world and our journal has admission from international geriatricians.

[00:18:03] And it's very interesting. America sort of learned from the British. Geriatrics started in England, and then it grew in this country. And now as many other countries have matured in their average age and become more industrialized, and people are living longer, how to care for the elderly has become a very important topic in Japan and Brazil. Even in China. Even in societies where you think there are so many young people still there are many many more older adults than there had been in previous decades. So we all share on a national and international level information about how to best care for the elderly as we discern it from research and consensus conferences and so forth.

Diane Berardi: [00:18:55] Now... Me As an adult child. What role should we play as children, adult children in our parents care?

Dr Laurie Jacobs: [00:19:02] So that's a very good question. One that I'm asked regularly.

[00:19:08] If you ask older adults, they are as different from each other as we are and some of them include their children very closely and their children know everything they think and they may even defer decision making to their children. In other cases, they want to maintain their independence and they do not want their position to share information with their adult children. And as you know patient confidentiality is very important today. So if the patient has the ability to understand, a physician really have to ask that individual, Do you want me to talk to your daughter about this? And most times they'll say yes and then if that's the case they can tell their daughter or you can reach out or their son. Unfortunately it's often a daughter but more and more it's a son or daughter-in-law or son-in-law. And if they bring you into their care you have to respect the fact that this is their care and their lives. And we may make choices differently for ourselves than they make. So it's really important to listen first and to realize also you can't always fix everything and it's all a process. I work with families very, very often. And if my patient allows me to, I include them in conversations about decisions. Sometimes that's overwhelming and somebody brings in their entire family. And you're sitting there and each one is asking you a question. So, in a family that has a lot of children and is very, very enmeshed and involved, it's often helpful to get the older adults to indicate which child is it that they want you to talk to. And I've had daughters say to me, How can you take this? How could you work with my mother, or older patients like this? And they're just reflecting their own relationship. But as I say to them oftentimes I actually really enjoy talking to your mother, and she's not my mother.

[laughing]

[00:21:16] So the relationship is very different. And sometimes when you're talking to the children they're working out their own issues with their parents. They're not thinking clearly about what's best for their parents from their parent's point of view. And that's the point of view that I need to take. I'm looking out for their parents health and safety. And I take into account everybody's opinions, but ultimately if the patient's able to make decisions, it's their decision.

Diane Berardi: [00:21:44] Yeah. And that's a tough one. Because they're all saying, "Ahh... they have to do this or they have to do that." And then, I find myself saying to people, You know, they can make a decision, themselves. The decision is ultimately theirs."

Dr Laurie Jacobs: [00:22:06] And one of the hardest things is that... They're adults and they're allowed to make bad decisions. And sometimes they do.

Diane Berardi: [00:22:13] Right.

Dr Laurie Jacobs: [00:22:14] So I've had patients choose to stay at home even though they were really failing at home and at risk. And I say I don't think this is a good idea. But I'm your doctor and I'm here for you and I will support you in your decision, even though I think perhaps you're making the wrong choice. And I think you have to have that in mind. And for kids they feel that they can't let their parents make what they view as a bad decision. Sometimes it is, sometimes it isn't.

Diane Berardi: [00:22:45] Right. Yeah. You know you're like, I have to protect them. No. They can't do that. And then you're like, wait a minute, they're adults and they can make their own decisions. And this is the decision they want to make. But, yeah, you as a child, you're... It's such a new experience. You know. OK. My parents are going along and everything's fine and then, bam. Something happens. And you have to make with them all these decisions or abide by the decisions they make and you may not agree with them, and you feel like, No they should be doing this.

Diane Berardi: [00:23:18] I think that if you know what they want, you're on solid ground. Because if you feel like you have to make the decisions in a vacuum and you don't know what they why and they can't tell you, that's where the responsibility weighs so heavily. If you know you're fulfilling somebody's wish and they wanted this surgery or they didn't want this surgery then you feel more comfortable about it. Even if you would have decided differently.

Diane Berardi: [00:23:42] That's great. Oh you're right.

Dr Laurie Jacobs: [00:23:44] So I think that ultimately it's good for families to have some general discussion about what each person wants for their care and who they think might best be their decision makers. In most states you can appoint someone to be your health care proxy or your medical decision maker. It needn't be a child it could be a peer, it could be a friend, anyone except for their doctor. And they should really discuss what they want. You'd be surprised. I'm always surprised to see that someone who I thought would have no views about this, has very strong views about it, and says you know if this happens I don't want anything more or if this happens, don't call my Daughter.

[00:24:28] [laughing]

[00:24:29] You know, it's very interesting. If you give patients and adults the opportunity to talk, they often have something to say.

Diane Berardi: [00:24:40] You're right. You're absolutely right. And it warms my heart, because you have the heart for the elderly. And they sometimes are invisible. And I'm so glad to have geriatricians and I think we all should be. We all as children of aging parents are so grateful.

Dr Laurie Jacobs: [00:24:58] Well, we'll be there soon.

[00:25:00] [Laughing]

Diane Berardi: [00:25:01] I know. I know...

[00:25:03] Now, how would people reach you? How would people get in touch with you, if they would like?

Dr Laurie Jacobs: [00:25:06] They can reach me through the American Geriatrics Society or

through Hackensack University Medical Center, where I work.

[00:25:17] Thank you for having me on your show.

Dr Laurie Jacobs: [00:25:19] Thank you so much. And we would love to have you back because I have so many more questions for you.

Dr Laurie Jacobs: [00:25:25] Oh that would be wonderful.

[00:25:27] That's great. And our Parents Are Hard To Raise® listeners... I love getting your e-mails and questions so please keep sending them.

[00:25:34] And this is episode 100. Thank you so much for being loyal listeners. You can reach me at Diane Parents Are Hard To Raise® dot org or just click the green button on our home page.

[00:25:45] Parents Are Hard To Raise® is a CounterThink Media production. The music used in this broadcast was managed by Cosmo Music, New York, New York.

[00:25:53] Our New York producer is Joshua Green. Our broadcast engineer is Well Gambino. And from our London studios, the melodic voice of our announcer, Miss Dolly D.

[00:26:03] Thank you so much for listening.

[00:26:03] Till next time... May you forget everything you don't want to remember, and remember everything you don't want to forget.

[00:26:10] See you again next week.